

CMS Net

Residential Worksheets

Table of Contents

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| <i>Table of Contents</i> | ii |
| <i>Preface</i> | iii |
| Legend | iii |
| <i>Residential Worksheets</i> | 1 |
| Overview | 1 |
| Residential Eligibility Screens | 1 |
| Steps to Access the Residential Screen | 1 |
| <i>Residential Worksheet screen</i> | 2 |
| Residential Worksheet (CMSRF-10) | 2 |
| Residential Worksheet (CMSRF10) Field Descriptions | 3 |
| Residential Worksheet (CMSRF-20) | 6 |
| Residential Worksheet (CMSRF20) Data Entry Fields | 7 |
| Action Menu Commands | 10 |
| Branch Menu | 10 |

Preface

Legend

In procedures on the following pages, you will see various symbols used.

- ✓ When a procedure is described, the check mark indicates the result of an action.
- ➡ The arrow indicates a content note.

Residential Worksheets

Overview

The user will be able to enter the client's residential status and information and determine if the client is Eligible or Ineligible.

Residential Eligibility Screens

The following table gives a brief description of the Residential Eligibility screens. □

| Screen Name | Description/Function |
|--|--|
| <u>Residential Worksheet</u> (CMSRF-10), CMSRF-20) | <p>The Residential Worksheet consists of two screens.</p> <ul style="list-style-type: none"> The <i>first screen</i>, CMSRF-10, allows the user to enter the patient's residential information The <i>second screen</i>, CMSRF-20, allows the user to determine the patient's Residential Eligibility - <u>Eligible</u> or <u>Ineligible</u> - for CCS. |

Steps to Access the Residential Screen

| Step | Action |
|------|---|
| 1 | <p>From the Primary Menu, select Eligibility. Press <Enter>.</p> <p>✓ The Patient Identification screen displays.</p> |
| 2 | Identify and select the patient. |
| 3 | <p>Select program eligibility date range from the pop-up message. Press <Enter>.</p> <p>✓ The Eligibility Menu screen displays.</p> |
| 4 | Select Residential Worksheet. Press <Enter>. |

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Residential Worksheet Screen

Residential Worksheet (CMSRF-10)

Access the RESIDENTIAL WORKSHEET (CMSRF-10) screen through the Eligibility Main Menu. Some fields already display data from the second screen of the PATIENT REGISTRATION FACE SHEET (CMSFS-20).

Use this screen to enter the patient's residential information.

- Use the <Down Arrow> to move from field to field. Required fields or fields that the user can change are **bolded**.

Note: If Medi-Cal (Full-Scope/No SOC), Healthy Families or Both is identified and selected when establishing the Program Eligibility period (from the Pending Eligibility screen CMSPE-20), the Residential Worksheet will be automatically populated with data from the Patient Registration Face Sheet.

| CMSNET | RESIDENTIAL WORKSHEET | CMSRF-10 |
|---|---|---|
| Pt Nm: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | CCS#: 9999999 | CIN: 99999999X 9 |
| 1) Gender: X | DOB: 99/99/9999 | Lgl Co: XXXXXXXXXX REG=XXXXXX MED=X F/R=X |
| 2) Pgrm Begin Date 99/99/9999 | End 99/99/9999 | CCS Elig Status XXXXXXXXX1XXXXXXXXXX |
| Current Address: | | |
| 3) St1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 8) Length Of Residence: Years 99 Months 99 | |
| 4) St2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 9) Used in 9999 Tax Form | |
| 5) Cty XXXXXXXXXXXXXXXXXXXXXXXX | | |
| 6) ST XX 7) Zip 99999 | | |
| Previous Address: | | |
| 10) St1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 15) Length Of Residence: Years 99 Months 99 | |
| 11) St2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 16) Used in 9999 Tax Form | |
| 12) Cty XXXXXXXXXXXXXXXXXXXXXXXX | | |
| 13) ST XX 14) Zip 99999 | | |
| Other Address: | | |
| 17) St1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 22) Length Of Residence: Years 99 Months 99 | |
| 18) St2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 23) Used in 9999 Tax Form | |
| 19) Cty XXXXXXXXXXXXXXXXXXXXXXXX | | |
| 20) ST XX 21) Zip 99999 | | |

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Residential Worksheet Screen, Continued

Residential Worksheet (CMSRF10) Field Descriptions

The following table describes data entry fields on the Residential Worksheet screen.

| Fld # | Field Name | Description/Comments |
|-------|--|--|
| 1 | (header) | Display Only |
| 2a | Pgrm Begin Date | Display Only Populated from Pending Eligibility or Program Eligibility |
| 2b | End | Display Only Populated from Pending Eligibility or Program Eligibility |
| 2c | CCS Elig Status | Display Only Populated from the Client Eligibility (CMSCE-10) CCS Elig Status |
| | Current Address | |
| 3 | St1 | Required Enter patient's current address |
| 4 | St2 | Optional Enter patient's current address |
| 5 | Cty | Required Displays city of the patient's residence. This field will auto-fill upon choosing a zip code |
| 6 | St | Required Displays state of the patient's residence. this field will auto-fill upon choosing a zip code |
| 7 | Zip | Required Key zip code of the patient's residence. User can enter zip code or choose from the zip code pick list, if the user enters a zip code it must exist on the zip code table or it will not be accepted City and St fields will auto-fill with entry of zip code. |
| 8 | Length Of Residence Years 99 Months 99 | Optional Key the number of years and the number of months at the place of residence. |
| 9 | Used in 9999 Tax Form | Optional Key the year used for the tax form. |

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Residential Worksheet Screen, Continued

Residential Worksheet (CMSRF10) Field Descriptions (continued)

| Fld # | Field Name | Description/Comments |
|--------------|-------------------|--|
| | Previous Address | |
| 10 | St1 | Optional Patient's previous address |
| 11 | St2 | Optional Patient's previous address |
| 12 | Cty | Optional City of patient's previous residence This field will auto-fill upon choosing a zip code |
| 13 | St | Optional State of patient's previous residence This field will auto-fill upon choosing a zip code |
| 14 | Zip | Optional Zip code of the patient's previous residence from Residential worksheet User can enter zip code or choose from the zip code pick list, if the user enters a zip code it must exist on the zip code table or it will not be accepted City and St fields will auto-fill with entry of zip code |
| | Other Address | |
| 17 | St1 | Optional User can enter free text address |
| 18 | St2 | Optional User can enter free text address |
| 19 | Cty | Optional City of patient's other address Optional This field will auto-fill upon choosing a zip code |
| 20 | St | Optional State of patient's other address This field will auto-fill upon choosing a zip code |
| 21 | Zip | Optional Zip code of patient's other address User can enter zip code or choose from the zip code pick list, if the user enters a zip code it must exist on the zip code table or it will not be accepted City and St fields will auto-fill with entry of zip code |

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Residential Worksheet Screen, Continued

Residential Worksheet (CMSRF10) Field Descriptions (continued)

| Fld # | Field Name | Description/Comments |
|--------------------|-----------------------------------|--|
| 8a, 15a, 22a | Length Of Residence: Years | Optional If no information displaying in the ST1 field, this field is empty and deactivated |
| 8b, 15b, 22b | Length Of Residence: Months | Optional If no information displaying in the ST1 field, this field is empty and deactivated |
| 9, 16, 23 | Used In 9999 Tax Form | Optional User enters date of tax form used for address verification |

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➡ Use the <Down Arrow> to move from field to field. Required fields are **bolded**.

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Residential Worksheet Screen, Continued

**Residential
Worksheet
(CMSRF20)
Data Entry
Fields**

The following table identifies the fields for data entry on the Residential Worksheet CMSRF-20.

| Fld # | Field Name | Description/Comments |
|-------|---------------------------------------|---|
| 24 | Type Of Placement | Optional Default value is populated from the Patient Registration Face Sheet (CMSFS-20). If value is changed, the system will update the Patient Registration Face Sheet. Values: Voluntarily or Involuntarily |
| 25 | Where Pt Placed | Optional Default value is populated from the Patient Registration Face Sheet (CMSFS-20). Values: <ul style="list-style-type: none"> • Foster Home • Group Home • ICF-DD Facility • Other • Pediatric Subacute Facility • Relative • Skilled Nursing Facility If user changes the value, the system will update the Patient Registration Face Sheet. |
| 26 | Parent(s) Active Military Desig State | Optional Key the name of the State, <u>Or</u> Press Help Key to select from the Pick List |

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Residential Worksheet Screen, Continued

Residential Worksheet (CMSRF20) Data Entry Fields (continued)

| Fld # | Field Name | Description/Comments |
|--------------|------------------------------|---|
| 27 | County Of Voter Registration | Optional Select or Key the name of the county, <u>Or</u> Press Help Key to select from a Pick List |
| 28, 30 | Proofs Of Residence Provided | <p>Required. Select one of the following:</p> <ul style="list-style-type: none"> • Healthy Family subscribers • CA Rent or Mortgage Receipt • Utility Bill • Employment Document • Registered employment agency • Evidence of CA public assistance • Registered Voter • CA Driver License, ID, or DMV Reg • State Tax Form • Not Provided • Medi-Cal Full Scope No SOC • Others <p>➡ For Healthy Families and Medi-Cal Full Scope No SOC, only one proof of residence is required.</p> |

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Residential Worksheet Screen, Continued

Residential Worksheet (CMSRF20) Data Entry Fields (continued)

| Fld # | Field Name | Description/Comments |
|--------|--------------------|---|
| 29, 31 | Supplementary Info | Optional Enter any additional information regarding provided documents. |
| 32 | Res Status | Required. Select one of the following: <ul style="list-style-type: none"> • Eligible • Ineligible • Pending Res Det <ul style="list-style-type: none"> • If Pending Res Det, user may establish a follow-up-up tickler • If Ineligible, user will be prompted to generate NOA. |
| 33 | Reason Inelig | Required if Res Status displays "Ineligible". Select one of the following: <ul style="list-style-type: none"> • Residence Established In Another County • Residence Established In Another State • No Response At Last Known Address • No Document Provided • Address Not Within County • Others |
| 34 | Date Determined | Required Enter a date; no future dates allowed. |
| 35 | Res Follow-Up Date | Required if Res Status = Pending Res Det. User may key a date to follow-up on the residential eligibility process. Sets a tickler date. User may run "Residential" tickler in generate tickler batch correspondence for follow-up. (PRES) |
| 36 | NOA Sent | Display Only The system will stamp today's date in this field when a NOA is generated. |
| 37 | Corresp. # | Display Only Corresp. # assigned for the NOA being generated. |
| 38 | Comments | Display Only Automatically saves to Narrative for Residential Worksheet. User can key up to three lines of information. |
| 39 | Last Update By | Display Only Displays the last user's name who modified any data. |
| 40 | Date | Display Only Displays the date of the last change. |

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Residential Worksheet Screen, Continued

**Action Menu
Commands**

The following table lists and describes the results of the menu commands for Residential Worksheets.

| Command | Action/Result |
|------------------|---|
| Save: Plain Save | Save will: <ul style="list-style-type: none"> • Save the updated data, comments, and other non-letter-triggering actions to the screen or • Generate NOA if appropriate |
| Reissue Letter | This function cancels the current NOA and generates a new NOA. |
| NOA Cancel | Displays if a NOA has been generated from the Residential Worksheet. This function clears "NOA Sent" and "Corresp. #", and cancels the NOA that has been generated. After canceling the NOA, the system displays the Residential Worksheet Branch Menu. |
| Cancel | The Eligibility Branch Menu displays. The system does NOT save changes. |
| Quit | The system will close the Action Menu, and refreshes the Residential Worksheet (CMSRF 20). |

**Residential
Branch Menu**

| | |
|-----|--|
| (?) | Narrative for Residential Worksheet |
| () | Mail Message for Residential Worksheet |
| () | Financial Worksheet |
| () | Print Face Sheet |
| () | Return to Eligibility Main Menu |

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NOTES

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